

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000075187

Entity Name: IN FOCUS EYE CARE, INC.

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8919 SW 40TH AVENUE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

8919 SW 40TH AVENUE  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETITTO, JENNY  
8919 SW 40TH AVENUE  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: PETITTO, JENNY  
Address: 8919 SW 40TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNY PETITTO

P

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date